

UNIT BOX #: _____

REQUEST FOR:

RETURN FROM THE INACTIVE NATIONAL GUARD

DATE: _____

FROM: _____

2. Thru: _____

3. To: _____

4. NAME (Last, First, M.I.) _____

SSN _____

GRADE _____

5. EFFECTIVE DATE: _____**A****Return from ING to Same Unit**

Current Unit: _____

Position Title _____

Current Unit _____

(_____) (_____) CA ARNG _____

UPC _____

PRN _____

Unit Address _____

CA _____ DMOS: _____ PARA: _____ LINE: _____

Zip Code _____

Duty Pos. Qualified: _____ Date **TO** ING: _____

Q / N _____

DD MMM YY _____

B**Return AND Transfer Units (Furnish information copy to losing unit.)**

Transferred To: _____

Position Title _____

New Unit _____

(_____) (_____) CA ARNG _____ CA _____

UPC _____

PRN _____

Unit Address _____

Zip Code _____

DMOS: _____ PARA: _____ LINE: _____ Duty Pos. Qualified: _____

Q / N _____

- Transfer to duty position higher than the grade held requires STPA approval. (*E4 positions and above*)
- If yes, Forward Request thru STPA.

C**Completed for All Returns from the ING**

ADJUSTED DATE OF RANK (DOR): _____

PEBD: _____ ETS: _____

RYED: _____

Return Status Verified By: _____ Date: _____

R & R NCO: _____ Phone Number: _____

Unit POC _____ Phone Number: _____

Soldiers Phone Number: (Home) _____ (Work) _____

CAL ARNG Form 614-1F-R to be filled out **COMPLETELY** by R&R NCO.

Portion A (only) to be filled out if returning to the original unit.

- Portions A and B to be filled out if returning from ING and transferring to a New Unit.

Adjusted DOR Formula: Last day of ING - First day of ING + 1 = ING Period

ING Period + DOR = Adjusted DOR

- All documents pertaining to this form (CAL Form 614-1F-R) remains at Unit level.

- Questions regarding this matter should be directed to the Orders Section, CAMP-EPMS, at OTAG.